

L05000006572

(Requestor's Name)

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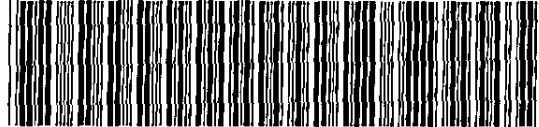
(Business Entity Name)

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J. BRYAN JAN 21 2005



CORPORATION SERVICE COMPANY'

ACCOUNT NO. : 072100000032

REFERENCE : 157810 80493A

AUTHORIZATION : *Patricia Pizeto*

COST LIMIT : \$ 155.00

ORDER DATE : January 21, 2005

ORDER TIME : 12:03 PM

ORDER NO. : 157810-005

CUSTOMER NO: 80493A

CUSTOMER: Ms. Jolene L. Schmidt
Dorothy A. Hudson Attorney At
Law
Suite 101
603 Seventeenth Street
Vero Beach, FL 32960

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TALLAHASSEE, FLORIDA

DOMESTIC FILING

NAME: TUSCANY VILLAS, L.L.C.

EFFECTIVE DATE:

____ ARTICLES OF INCORPORATION
____ CERTIFICATE OF LIMITED PARTNERSHIP
XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY
____ PLAIN STAMPED COPY
____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Darlene Ward - EXT. 2935

EXAMINER'S INITIALS: _____

**ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I
Name**

The name of the Limited Liability Company is: TUSCANY VILLAS, L.L.C.

**ARTICLE II
Address**

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

4002 Del Prado Blvd.
Cape Coral, FL 33904

Mailing Address:

4002 Del Prado Blvd.
Cape Coral, FL 33904

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ARTICLE III

Registered Agent, Registered Office & Registered Agent's Signature

The name and the Florida street address of the registered agent are:

Robert A. Lee, Jr.
4002 Del Prado Blvd.
Cape Coral, FL 33904

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 609, F.S.


Robert A. Lee, Jr.

ARTICLE IV
Manager(s) or Managing Member(s)

Title:**"MGR" = Manager****"MGRM" = Managing Member****MGRM****Name and Address:****Robert A. Lee, Jr., MGRM****4002 Del Prado Blvd.****Cape Coral, FL 33904****Michael Difede, MGRM****4002 Del Prado Blvd.****Cape Coral, FL 33904**

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:
Robert A. Lee, Jr.
Michael Difede

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(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)


Robert A. Lee, Jr.
Michael Difede